

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|------------------|
| Application Number | 10/674,139 |
| Filing Date | 9/29/2003 |
| First Named Inventor | Robert Turner |
| Group Art Unit | 2142 |
| Examiner Name | Douglas B. Blair |
| Attorney Docket Number | 7000-635 |

Please change the Correspondence Address for the above-identified application to:



Customer Number

27820

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR



Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :



Applicant.



Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.



Attorney or agent of record, Reg. No. 40,876.



Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or
Printed Name Benjamin S. Withrow

Signature / Benjamin S. Withrow/

Date September 17, 2008

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of ___ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, USPTO, PO Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450